

02/10/2021 4:12 PM FAX

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

0005/0017

297237

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2021 - 52 - T

RECEIVED
2/11/21
tod

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

Mahdoff Tax & Service

(Please type or print)

Submitted by: JESSIE FORDHAM

Telephone: 916-470-7090

Address: 2682 HENRY STREET

Fax: 843-722-4099

N. Chas. S.C. 29405

Other:

Email: jessie.fordham@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☒ Application - Class C Taxi☐ Application - Class C Charter☐ Application - Class C Charter Bus☐ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☐ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☐ Request for Reinstatement☐ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petition☐ Other:

RECEIVED
FEB 10 2021
PSCSC
Clerks Office

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

Date:

12/3/2020

CLASS C - TAXI

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1.

MAHDORF TAXI SERVICE / JESSIE FORDHAM

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

2682 Henry St.

Street Address of Applicant

SAME AS ABOVE

Mailing Address of Applicant (if different from street address)

916-470-7090

Phone

843-723-4099

Fax

JESSIE.FORDHAM@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship☐ Partnership - List names and addresses of all person having an interest in the business.☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

Assets:

Value of Real Estate	0
Value of Motor Vehicles	4200.00
Cash on Hand	2000.00
Cash in Bank	5000.00
Value of Other Assets and Equipment	0
Total Assets	11,200.00

Liabilities:

Mortgage/Loan on Real Estate	0
Loans Owed on Motor Vehicles	0
Business/Other Loans Owed	0
Other Liabilities or Debts	0
Total Liabilities	0

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

(SEE Attachment)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|--|--|-------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Barnberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input checked="" type="checkbox"/> Berkeley | <input checked="" type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input checked="" type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

(Attachment Pg. 2)

All fares are quoted from the peninsular area. Others Areas fares may be different and can be quoted by the dispatcher. Each additional person (including children) is \$1.00 on all fares.

West Ashley

<u>Ardmore</u>	<u>-11.00</u>	<u>Orleans Woods</u>	<u>-13.00</u>
<u>Arlington Dr</u>	<u>-15.00</u>	<u>Orange Grove Rd</u>	<u>-13.00</u>
<u>Ashley Hall Rd</u>	<u>-13.00</u>	<u>Play Ground Rd</u>	<u>-11.00</u>
<u>Ashley Plaza Mall</u>	<u>-13.00</u>	<u>Royal Palms Blvd</u>	<u>-13.00</u>
<u>Bee's Ferry Rd</u>	<u>-20.00</u>	<u>Savage Rd " Hwy 17"</u>	<u>-14.00</u>
<u>California Dreaming</u>	<u>-9.00</u>	<u>Savage Rd " Hwy 61"</u>	<u>-14.00</u>
<u>Carriage Ln</u>	<u>-11.00</u>	<u>Walmart</u>	<u>-13.00</u>
<u>Citadel Mall</u>	<u>-13.00</u>	<u>Wappo Rd</u>	<u>-12.00</u>
<u>Coburg</u>	<u>-11.00</u>	<u>White Oak</u>	<u>-11.00</u>
<u>DuPont Rd</u>	<u>-13.00</u>	-Others-	
<u>Etiwan Ave</u>	<u>-15.00</u>	<u>Peninsula City</u>	<u>-7.00</u>
<u>Hampton Inn River View</u>	<u>-9.00</u>	<u>Additional Person</u>	<u>-2.00</u>
<u>Hampton Inn "I\26 Hwy 17"</u>	<u>-14.00</u>	<u>Grocery bags - 3 Free</u>	<u>- 0.50</u>
<u>Lenevar</u>	<u>-13.00</u>	<u>Other Distance Per Mile</u>	<u>- 1.75</u>
<u>Marysville</u>	<u>-11.00</u>	<u>Package Delivery</u>	<u>-7.00</u>
<u>Melrose</u>	<u>-14.00</u>	<u>Wait Time- 1\1\2 m.</u>	<u>-0.30</u>
<u>Motel 6</u>	<u>-14.00</u>		

North Charleston

<u>Accabee Rd -11.00</u>	<u>Food Lion Dorchester -12.00</u>
<u>Airport -23.00</u>	<u>Ferndale -13.00</u>
<u>Amtrak Station -13.00</u>	<u>Gumwood Ave -18.00</u>
<u>Ashley Phosphate Rd-25.00</u>	<u>Leeds Ave -12.00</u>
<u>Attaway -17.00</u>	<u>Midland Park Rd -22.00</u>
<u>Aviation Ave -19.00</u>	<u>North Charleston City Hall -14.00</u>
<u>Bennet Yard Rd -12.00</u>	<u>O'Hare Ave -12.00</u>
<u>Bonds Ave -12.00</u>	<u>Remount Rd -17.00</u>
<u>Buist Ave -13.00</u>	<u>Russell Dale -14.00</u>
<u>Coliseum -13.00</u>	<u>St John Ave -12.00</u>
<u>Cross County Rd -24.00</u>	<u>Siesta Motel -13.00</u>
<u>Cosgrove\Azalea - 11.00</u>	<u>Sumner Ave -17.00</u>
<u>Dorchester\Montague -13.00</u>	
<u>Dorchester Waylyn -11.00</u>	
<u>Evaston Estate -14.00</u>	
<u>Echo Ave -10.00</u>	

0009/0017

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
- ☐ 8-15 Passengers, including driver

[illegible]

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Jessie Fordham

Name of Applicant

2652 Henry St. N. Ches. S.C. 29405

Address of Applicant

Amount of Premium:Limits Quoted: (See Below)Liability Insurance \$ 25/50/25Limits 25/50/25The above quoted premium is for a term of 12 months.**Minimum Limits - Intrastate Only:**

1-7 Passengers* \$ 25,000/50,000/25,000

8-15 Passengers* \$ 25,000/100,000/25,000

* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

Progressive Northern Insurance Co.

Name of Insurance Company

P.O. Box 94739 Cleveland, OH 44101

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

02/10/2021 4:14 PM FAX

0016/0017

R A WRIGHT AGENCY
PO BOX 32337
CHARLESTON, SC 29417

PROGRESSIVE
COMMERCIAL

Named insured

Policy number: 02859028-0

Underwritten by
Progressive Northern Insurance Co
December 5, 2020
Policy Period Nov 3, 2020 - Nov 3, 2021
Page 1 of 7

progressiveagent.com

Online Service

Make payments, check billing activity, print
policy documents, or check the status of a
claim.

1-843-766-5300

R A WRIGHT AGENCY

Contact your agent for personalized service.

1-800-444-4487

For customer service if your agent is
unavailable or to report a claim
PO Box 94739
Cleveland, OH 44101

Commercial Auto Insurance Coverage Summary

This is your Declarations Page

Your policy information has changed

Your coverage began the later of November 3, 2020 at 12:01 a.m. or at the time your application is executed on the first day of the policy period. This policy period ends on November 3, 2021 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (06/10). The contract is modified by forms 28525C (12/05), MC1632 (06/04), 5701 (02/11), 48525C (01/10), 48815C (02/11) and Z228 (01/11).

The named insured organization type is a sole proprietorship.

Policy changes effective November 3, 2020

Description	Amount
Premium change	\$218.00

The changes shown above will not be effective prior to the time the changes were requested.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$7,291
Bodily Injury Liability	\$25,000 each person/\$50,000 each accident		
Property Damage Liability	\$25,000 each accident		
Uninsured Motorist			366
Bodily Injury	\$25,000 each person/\$50,000 each accident		
Property Damage	\$25,000 each accident	\$200	
Underinsured Motorist			414
Bodily Injury	\$25,000 each person/\$50,000 each accident		
Property Damage	\$25,000 each accident	\$0	
Subtotal policy premium			\$3,071
South Carolina Uninsured Motorist Fund charge			2
Fees			25
Total 12 month policy premium and fees			\$3,098

Rated driver

1. JESSIE O FORDHAM

02/10/2021 4:14 PM FAX

0017/0017

Policy number: 02855028-0

JESSIE O FORDHAM

Page 2 of 2

Auto coverage schedule1. **2011 Ford Crown Vic Pol I**

VIN: 2FADP7BV5BX111269

Garaging Zip Code: 29405

Radius: 50

Liability
Premium

Liability

UM

UM

\$2,291

\$366

\$414

Auto Total

\$3,071

Important Cancellation Information

THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.

Exhibit Fit, Willing, and Able (FWA)Jessie Fordham

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.
☒ Yes ☐ No
2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.
☒ Yes ☐ No
3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.
☒ Yes ☐ No
4. Applicant understands that all drivers operating a vehicle under a Class C Taxi Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.
☒ Yes ☐ No
5. Applicant understands that all Class C Taxi Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.
☒ Yes ☐ No

02/10/2021 4:14 PM FAX

0013/0017

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

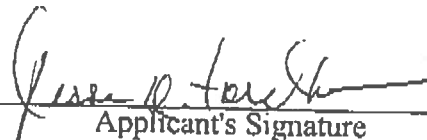
Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Applicant's Signature

Owner

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA

COUNTY OF Charleston

SWORN TO BEFORE ME

This 3 day of December, 2020

Delores M. Whaley
Notary Public

Commission Expires 5/4/2021

Print Application